

TRAVEL EXPENSE CLAIM

[See Instructions and Privacy](#)

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME John Cruz			SSAN OR EMPLOYEE NUMBER			DEPARTMENT			
POSITION Appointments Secretary			CB/ID NUMBER		DIVISION OR BUREAU			INDEX NUMBER	
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054				TELEPHONE NUMBER	
CITY -		STATE		ZIP		CITY San Diego		STATE CA.	
								92101	

[illegible]

CLAIM TOTAL

981 48	\$988.27
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PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

11.2.09-11.4.09- Sign time with GAS, meetings with possible candidates.

11.12.09- Staff meetings, sign time with GAS.

NORMAL WORK HOURS

MILEAGE RATE CLAIMED

0 445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

SIGN

FILE OF AUTHORITY FOR SPECIAL EXPENS

DATE _____